Item4 FilmCell 4/2/69kk

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03811

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03805

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form VM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. DECEASED-NAME (Type or Print): First: William Bert+ Middle: Last: ADAMS
2a. DATE KNOWN OF DEATH ☑ / ESTIMATED ☐: Month 3 Day 13 Year 69
2b. HOUR OF DEATH: 6 M
3. SEX: M
4. RACE: Negro
5. DATE OF BIRTH: 10-23-38
6. AGE (In years last birthday): 30 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS.: HOURS / MIN
2c. DATE PRONOUNCED DEAD: Month 3 Day 17 Year 69
2d. HOUR: 6 42 M
7a. BIRTHPLACE (State or Foreign Country): Washington D.C.
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☑ / NEVER MARRIED ☐ / WIDOWED ☐ / DIVORCED ☐
9. COUNTY OF DEATH: Charles (CHARLES) Md.
10. CITY OR TOWN OF DEATH (If outside corporate limits): Glymont Md.
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rt 210
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laborer
12b. KIND OF BUSINESS OR INDUSTRY: Const.
13a. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE: DC
13b. COUNTY: Washington
13c. CITY OR TOWN: Washington
13d. INSIDE CITY LIMITS? YES ☑ NO ☐
13e. STREET AND NUMBER
14. FATHER'S NAME: First Gilbert Middle Last Adams
15. MOTHER'S MAIDEN NAME: First Cwaleaner Middle Last Grant
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 248-58-5460
17. INFORMANT ADDRESS: Sarah B. Adams 4349 4th St SE, D.C.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Compound fracture left
DUE TO, OR AS A CONSEQUENCE OF (b): Multiple fracture of Vert 3-13-69
DUE TO, OR AS A CONSEQUENCE OF (c): Auto accident 3-13-69
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 819.9
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?
20. AUTOPSY? YES ☐ NO ☑
21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 3-13 1969
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Rt 210
21f. LOCATION Street or R.F.D. No.: Rt 210 City or Town: Glymont County: Charles State: Md

22a. **I certify** that I took charge of the remains described above, held on Autopsy ☐, Inspection ☑, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: E. J. Edelen M.D.
EXAMINER'S NAME (Type): E. J. EDELEN
CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 3-14-69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3/17/69
23c. NAME OF CEMETERY OR CREMATORY: SAM BUTLER
23d. LOCATION (City or Town) (County) (State): 3700 Columbia, S.C. WASHINGTON DC

24. FUNERAL DIRECTOR ADDRESS: Sam Butler Inc. Funeral Home - 3900 GA. Ave. N.W. D.C.
25a. REC'D BY REGISTRAR DATE: MAR 18 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03812 03806

CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print): First Lewis Middle Carroll Last Blackburn
2a. DATE OF DEATH: Month 3 Day 23 Year 69
2b. HOUR: 8:20 M
3. SEX: M
4. RACE: W
5. DATE OF BIRTH: JUNE 3, 1907
6. AGE (In years last birthday): 61 YRS. IF UNDER 1 YEAR: MONTHS, DAYS. IF UNDER 24 HRS.: HOURS, MIN
7a. BIRTHPLACE (State or foreign country): MARYLAND
7b. CITIZEN OF WHAT COUNTRY?: U.S.A.
8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
9. COUNTY OF DEATH: CHARLES Md.
10. CITY OR TOWN OF DEATH: LA PLATA
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address): PHYSICIANS MEM. HOSP.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): FARMER
12b. KIND OF BUSINESS OR INDUSTRY: TOBACCO
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: MD.
13b. COUNTY: CHARLES
13c. CITY OR TOWN: NANJEMOY
13d. INSIDE CITY LIMITS? YES [X] NO [ ]
13e. STREET AND NUMBER: RT 1 BOX 66E
14. FATHER'S NAME First ALBERT Middle W. Last BLACKBURN
15. MOTHER'S MAIDEN NAME First AMMANDA Middle Last CARTWRIGHT
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: NO (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 578-106-227
17. INFORMANT: HELEN BLACKBURN, NANJEMOY, Address RT 1 Box 66E MD.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of the tongue — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 8 Mos.
DUE TO, OR AS A CONSEQUENCE OF (b):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES [ ] NO [X]
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. **I certify** that (I) (this hospital) attended the deceased from May, 1968, to 3-25, 1969, that (I) (we) last saw the deceased alive on 3-10 19 69, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: T. M. Johnson DEGREE: ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]
22c. DATE SIGNED: 3-25-69
22d. PHYSICIAN'S NAME (Type): T. M. JOHNSON MD
22e. ADDRESS: LA PLATA, Md.

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-26-69
23c. NAME OF CEMETERY OR CREMATORY: OLD DURHAM CEM.
23d. LOCATION (City or Town) (County) (State): IRONSIDES, CHARLES, MD.
24. FUNERAL DIRECTOR ADDRESS: HUNTT FUNERAL HOME, WALDORF, MD.
25a. REC'D BY REGISTRAR DATE: MAR 28 1969
25b. REGISTRAR'S SIGNATURE: [illegible]

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A15 (M)
30M REV. 1-68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

03813 — 03807

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

1. DECEASED-NAME (Type or print) First / Middle / Last	Edward Clinton Brawner	2a. DATE OF DEATH Month Day Year	3-9.69
		2b. HOUR	3-35 PM
3. SEX	Male	4. RACE	Negro
5. DATE OF BIRTH	3-31-1918	6. AGE (In years last birthday)	50 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS		IF UNDER 24 HRS.: HOURS / MIN.	
7a. BIRTHPLACE (State or foreign country)	Chas,Co Md.	7b. CITIZEN OF WHAT COUNTRY?	USA
8. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH	Charles Co. Md.
10. CITY OR TOWN OF DEATH	LaPlata Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Physicians Memorial LaPlata Md.
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	Laborer
13a. USUAL RESIDENCE (Where deceased lived; if institution: Residence before admission) STATE		13b. COUNTY	
13c. CITY OR TOWN	Bryans Road Md.	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	Charles Co
13e. STREET AND NUMBER			
14. FATHER'S NAME First / Middle / Last	Robert Clinton Brawner	15. MOTHER'S MAIDEN NAME First / Middle / Last	Bertha Lee Toye
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	Yes 8-21-1942 to 1-17-1946	16b. SOCIAL SECURITY NO.	***-**-****
17. INFORMANT Address	Ada B.Gray Sister- Bryans Road Md		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Memingitis Tubercular
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
0130
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 14-Days

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES ☒ NO ☐	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work ☐ Not while at work ☐	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State	

22a. **I certify** that (I) ~~(this hospital)~~ attended the deceased from 3-3-69, 19____, to 3-9-69, 19____, that (I) (we) last saw the deceased alive on 3-9-69 19____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE	James E. Andrews	DEGREE: ATTENDING PHYS. ☒ MED. DIRECTOR ☐ STAFF PHYS. ☐	22c. DATE SIGNED 3-11-69
22d. PHYSICIAN'S NAME (Type)	James E.Andrews MD	22e. ADDRESS	Indian Head Md.

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3/13/69	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		ST. MARYS.	INDIAN HEAD	MD
24. FUNERAL DIRECTOR ADDRESS	Johnson's F.H.,Rt.224,Pomonkey, Md.	25a. REC'D BY REGISTRAR DATE	MAR 20 1969	25b. REGISTRAR'S SIGNATURE

VR A15 (1) 30M REV. 1-68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03814

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03808

1. DECEASED-NAME (Type or Print) First: Mary	Middle: Huber	Last: Dorr.	2a. DATE KNOWN OF DEATH ☑ / ESTIMATED ☐ Month: 3	Day: 13	Year: 69	2b. HOUR: 6:00 P.M.	
3. SEX: F	4. RACE: W/	5. DATE OF BIRTH: 10-12-22	6. AGE (In years last birthday): 46 YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN	2c. DATE PRONOUNCED DEAD Month: 3	Day: 13	Year: 19 69	2d. HOUR: 6:10 P.M.

7a. BIRTHPLACE (State or foreign country): Penn.	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9. COUNTY OF DEATH: Charles	Md.
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Mem. Hosp.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Housewife	12b. KIND OF BUSINESS OR INDUSTRY: Self	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.	13b. COUNTY: Charles	13c. CITY OR TOWN: Pomfret	13d. INSIDE CITY LIMITS? YES ☐ NO ☑	13e. STREET AND NUMBER: Route 2
14. FATHER'S NAME First: Jerry	Middle: H.	Last: Huber	15. MOTHER'S MAIDEN NAME First: Lena	Middle	Last: Johns
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 205-18-2814	17. INFORMANT: Carl A. Dorr	ADDRESS: 6553 S. 5th St. Falls Church Va.		

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Insufficiency
DUE TO, OR AS A CONSEQUENCE OF
(b): Multiple severe injuries
DUE TO, OR AS A CONSEQUENCE OF
(c): Car collision

8120

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 3-13-69

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year: 3-13-69 HOUR A.M. 6:00 P.M.	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.): Driver of car - 2 car accident
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.): Highway 210	21f. LOCATION Street or R.F.D. No. / City or Town / County / State: Glymont Chas Md

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and in my opinion death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: C. J. Edelen M.D.

EXAMINER'S NAME (Type): C. J. EDELEN M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑

ADDRESS (Street, city, town, or county):

22b. DATE SIGNED: 3-14-69

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: March 17, 1969	23c. NAME OF CEMETERY OR CREMATORY: Trinity Memorial Gardens	23d. LOCATION (City or Town) (County) (State): Waldorf, Chas., Md.	
24. FUNERAL DIRECTOR: Hunter Funeral Home	ADDRESS: Waldorf, Md. 20601	25a. REC'D BY REGISTRAR DATE: MAR 19 1969	25b. REGISTRAR'S SIGNATURE: [signature]	

VR A15ME (5) 10M REV. 1/68

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03815

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03809

1. DECEASED-NAME (Type or Print) First: George	Middle: Gregor	Last: Fassel						2a. DATE KNOWN OF DEATH ESTIMATED ☐ Month: 3 Day: 26 Year: 69			2b. HOUR: 9 AM
3. SEX: Male	4. RACE: W-US	5. DATE OF BIRTH: 6-7-1889	6. AGE (In years last birthday): 79 YRS.	IF UNDER 1 YEAR MONTHS	IF UNDER 1 YEAR DAYS	IF UNDER 24 HRS HOURS	IF UNDER 24 HRS MIN.	2c. DATE PRONOUNCED DEAD Month: 3 Day: 26 Year: 69			2d. HOUR: 9 PM
7a. BIRTHPLACE (State or foreign country): Hungary	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐						9. COUNTY OF DEATH: Charles Md.			
10. CITY OR TOWN OF DEATH: Hughesville Md.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicians Memorial			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Farmer				12b. KIND OF BUSINESS OR INDUSTRY: Farming			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: Waldorf	13d. INSIDE CITY LIMITS? YES ☐ NO ☒	13e. STREET AND NUMBER: Rt. 1 Box 201							
14. FATHER'S NAME First: Unk	Middle	Last		15. MOTHER'S MAIDEN NAME First: UNK	Middle	Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: 217-36-8136		17. INFORMANT: George G. Fassel Jr. Son	ADDRESS: Hughesville Md						

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO, OR AS A CONSEQUENCE OF

(b): Generalised Arterio Sclerosis — Indefinite

DUE TO, OR AS A CONSEQUENCE OF

(c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4109

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Diabetis Melitus

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE: James E. Andrews M.D.

EXAMINER'S NAME (Type): James E. Andrews MD

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒

ADDRESS (Street, city, town, or county)

22b. DATE SIGNED: 3-26-69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	3-29-69	St. Marys	Bryantown Charles Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Huntt Funeral Home Waldorf, Md. 20601	MAR 28 1969	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5)
10M REV. 1/68

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

03816

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03810

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or Print) First	Middle	Last
	MELVIN	CLINTON	FOOTE

2a. DATE OF DEATH: KNOWN ☐ ESTIMATED ☐ Month Day Year: 19 — 2b. HOUR: M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
Male	White	9/10/09	59 YRS.		

2c. DATE PRONOUNCED DEAD: Month March Day 19, Year 19 69 — 2d. HOUR: 3:50 P M

7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒	9. COUNTY OF DEATH
N.Y.	USA		CHARLES Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Waldorf	Waldorf Motor Court	Bartender	Howards Rest.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Md.	Charles	Waldorf	YES ☐ NO ☐	

14. FATHER'S NAME First Middle Last	15. MOTHER'S MAIDEN NAME First Middle Last
Clarence Foote	Edith Mealur

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
Yes	11	Unk.	Lloyd Foote 219 Luray St. Black River, N.Y.

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound of head — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. 955 X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.)
	? ? 19	Apparently shot self

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	Motel	Waldorf Motor Court	Waldorf	Charles	Md.

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Chas S. Springate M.D.

EXAMINER'S NAME (Type) Charles S. Springate, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐

22b. DATE SIGNED March 20, 1969

ADDRESS (Street, city, town, or county)

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	3-25-69	Beechers Bridge	Lowville N.Y.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Huntt Funeral Home Waldorf, Md. 20601	MAR 26 1969	Charles Judge

VR A15ME (5)
10M REV. 1/68

Items 10-22a Film 411
4-23-69 ams

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03817

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03811

1. DECEASED-NAME (Type or Print) First: SANDRA	Middle:	Last: ELOISE LANGE-[illegible]	2a. DATE KNOWN OF ESTIMATED DEATH: Month March Day 20 Year 1969	2b. HOUR 11:30 P M
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: OCT 4, 1946	6. AGE (In years last birthday): 22 YRS. IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.	2c. DATE PRONOUNCED DEAD: Month March Day 20, Year 1969	2d. HOUR 11:30 P M
7a. BIRTHPLACE (State or foreign country): MARYLAND	7b. CITIZEN OF WHAT COUNTRY?: USA	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles Md.		
10. CITY OR TOWN OF DEATH: LA PLATA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Rte. 5.	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House Wife	12b. KIND OF BUSINESS OR INDUSTRY: Domestic		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: Hughesville	13d. INSIDE CITY LIMITS? YES [ ] NO [ ]	13e. STREET AND NUMBER: Hughesville		
14. FATHER'S NAME First: JAMES Middle: Last: BUCKLER	15. MOTHER'S MAIDEN NAME First: EVELYN Middle: Last: CUSSICK				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes give war or dates of service): NO	16b. SOCIAL SECURITY NO.: 215-46-2821	17. INFORMANT: RONALD LANGE ADDRESS: HUGHESVILLE, MD			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Craniocerebral injuries — 988X
DUE TO, OR AS A CONSEQUENCE OF (b):
DUE TO, OR AS A CONSEQUENCE OF (c):
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 10:30 3-20-1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Unk.

21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Unk.	21f. LOCATION Street or R.F.D. No.	City or Town: Hughesville	County: Charles	State: Md.

22a. **I certify** that I took charge of the remains described above, held on Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [ ], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [X]

ACTUAL SIGNATURE: Ronald N. Kornblum M.D.
EXAMINER'S NAME (Type): Ronald N. Kornblum, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS (Street, city, town, or county)
22b. DATE SIGNED: 3/21/69

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: March 24, 1969	23c. NAME OF CEMETERY OR CREMATORY: All Faiths Church Cemetery	23d. LOCATION (City or Town) (County) (State): New Market, St Marys Md

24. FUNERAL DIRECTOR: HUNTT FUNERAL HOME	ADDRESS: WALDORF, MD	25a. REC'D BY REGISTRAR DATE: MAR 26 1969	25b. REGISTRAR'S SIGNATURE: Charles Judge

VR A15ME (5)
10M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03818

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03812

1. DECEASED-NAME (Type or Print) First / Middle / Last	EARL FRANCIS MONTGOMERY				2a. DATE OF DEATH KNOWN ☐ ESTIMATED ☐ Month Day Year	3-29-1969
						2b. HOUR 11:50 A.M.
3. SEX	M	4. RACE	W	5. DATE OF BIRTH	March 1, 1927	6. AGE (In years last birthday) 42 YRS.
					IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN.
2c. DATE PRONOUNCED DEAD Month Day Year 19						2d. HOUR M
7a. BIRTHPLACE (State or foreign country)	Md.	7b. CITIZEN OF WHAT COUNTRY?	USA	8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		9. COUNTY OF DEATH Charles — Md.
10. CITY OR TOWN OF DEATH	La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	Physicians Mem.	12a. USUAL OCCUPATION (Kind of work done during most of working life. Do not use retired.)	Serviceman	12b. KIND OF BUSINESS OR INDUSTRY ParGas
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	Md.	13b. COUNTY	Charles	13c. CITY OR TOWN	Waldorf	13d. INSIDE CITY LIMITS? YES ☒ NO ☐
13e. STREET AND NUMBER	Rt. 3 Box 301 B					
14. FATHER'S NAME First / Middle / Last	John C. Montgomery			15. MOTHER'S MAIDEN NAME First / Middle / Last	Mary G. Willett	
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	Yes	(If yes, give war or dates of service)	WWII	16b. SOCIAL SECURITY NO.	220 16 4958	17. INFORMANT / ADDRESS Betty Montgomery Waldorf, Md. 20601

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Smoke INHALATION	
DUE TO, OR AS A CONSEQUENCE OF (b)	GENERALIZED BAKING	3-29-69
DUE TO, OR AS A CONSEQUENCE OF	HOME BURNED. AROUND HIS ROOM	

890X

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. 11 P.M.	3-29-1969	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Residence Burned
21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Residence	21f. LOCATION Street or R.F.D. No. Waldorf	City or Town Charles Co. Md. — County — State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and in my opinion death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE E. J. Edelen M.D.

EXAMINER'S NAME (Type) E. J. EDELEN

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ADDRESS (Street, city, town, or county)

22b. DATE SIGNED 3-29-69

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 2, 1969	23c. NAME OF CEMETERY OR CREMATORY Oakland Cem.	23d. LOCATION (City or Town) Waldorf (County) Charles (State) Md.
24. FUNERAL DIRECTOR ADDRESS Huntt Funeral Home Waldorf, Md.		25a. REC'D BY REGISTRAR DATE APR 7 1969	25b. REGISTRAR'S SIGNATURE J. Charles Judge

VR A15ME (5)
10M REV. 1/68

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health priar to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03819 — 03813

1. DECEASED-NAME (Type or Print) First: ANTHONY	Middle: ALOYSIUS	Last: MUSCHETTE ~~MUCHETTE~~	2a. DATE KNOWN OF DEATH / ESTIMATED [X]: Month 3/ Day 1 Year 1969	2b. HOUR: 3:00 P. M
3. SEX: male	4. RACE: negro	5. DATE OF BIRTH: Dec. 9, 1906	6. AGE (Last birthday) 70 YRS. IF UNDER 1 YEAR: MONTHS / DAYS; IF UNDER 24 HRS: HOURS / MIN	2c. DATE PRONOUNCED DEAD: Month March Day 2, Year 1969	2d. HOUR: 4:50 PM
7a. BIRTHPLACE (State or foreign country): Pomfret	7b. CITIZEN OF WHAT COUNTRY?: , Md. U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles Md.		
10. CITY OR TOWN OF DEATH: Welcome	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Welcome, Maryland	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): Laboror	12b. KIND OF BUSINESS OR INDUSTRY: Mill		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: Welcome	13d. INSIDE CITY LIMITS? YES [ ] NO [X]	13e. STREET AND NUMBER: Welcome, Maryland	
14. FATHER'S NAME First / Middle / Last: Antohony Muschette		15. MOTHER'S MAIDEN NAME First / Middle / Last: Eliz Hill			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give war or dates of service): No	16b. SOCIAL SECURITY NO.: 216-10-9545	17. INFORMANT ADDRESS: Matilda Matthews-Sister-La Plata, Md.			

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 4124

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? (Partial) YES [X] NO [ ]

21a. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH	21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No. / City or Town / County / State

22a. **I certify** that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ], and in my opinion death resulted from: Natural causes [X], Accident [ ], Suicide [ ], Homicide [ ], Undetermined manner [ ]

ACTUAL SIGNATURE _____ M.D.
EXAMINER'S NAME (Type) Werner U. Spitz, M.D.
CHIEF MEDICAL EXAMINER [ ]
ASSISTANT MEDICAL EXAMINER [X]
DEPUTY MEDICAL EXAMINER [ ]
ADDRESS(Street, city, town, or county)
22b. DATE SIGNED 3/3/69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	3/5/1969	St. Joseph's Cemetery	Pomfret, Maryland

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR DATE	25b. REGISTRAR'S SIGNATURE
Arehart Funeral Home, Inc.-La Plata, Md.	MAR 6 1969	Charles Juggs

VR A15ME (5) 10M REV. 1/68

1

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A 15 (4)
30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

03820

03814

1. DECEASED-NAME (Type or print) First: MARGARET	Middle: M.	Last: POSEY	2a. DATE OF DEATH: Month 3 Day 20 Year 69
2b. HOUR: M			
3. SEX: Female	4. RACE: White	5. DATE OF BIRTH: Feb. 12, 1904	6. AGE (In years last birthday): 65 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HRS.: HOURS / MIN		
7a. BIRTHPLACE (State or foreign country): Maryland	7b. CITIZEN OF WHAT COUNTRY?: U.S.A.	8. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: La Plata	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicans Mem. Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.): House wife	12b. KIND OF BUSINESS OR INDUSTRY: at Home
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Maryland	13b. COUNTY: Charles	13c. CITY OR TOWN: Nanjemoy	13d. INSIDE CITY LIMITS? YES [ ] NO [X]
13e. STREET AND NUMBER:			
14. FATHER'S NAME First: Robert	Middle: F.	Last: Baetman	15. MOTHER'S MAIDEN NAME First: Mary	Middle: F.	Last: Burke
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown: No (If yes give war or dates of service)	16b. SOCIAL SECURITY NO.: Unkown	17. INFORMANT Address: Mr. Norman C. Posey-Husband-Nanjemoy, Md.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CARCINOMA of both lungs.

DUE TO, OR AS A CONSEQUENCE OF (b): CARCINOMA of Pt. Breast.

DUE TO, OR AS A CONSEQUENCE OF (c):

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

174 X

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

Nunes

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a. AUTOPSY? YES [ ] NO [X]	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING [ ] DR CONTRIBUTING [ ] CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While at work [ ] Not while at work [ ]	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)	21f. LOCATION Street or R.F.D. No. City or Town County State	

22a. I certify that (I) (this hospital) attended the deceased from 2/7, 1969, to 3/20, 1969, that (I) (we) last saw the deceased alive on 3/20 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Arturo M. Martinez	M.D. DEGREE	ATTENDING PHYS. [X] MED. DIRECTOR [ ] STAFF PHYS. [ ]	22c. DATE SIGNED: 3/20/69
22d. PHYSICIAN'S NAME (Type): ARTURO M. MARTINEZ	22e. ADDRESS: LA PLATA, MD.		

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3/22/1969	23c. NAME OF CEMETERY OR CREMATORY: St. Ignatius Cemetery	23d. LOCATION (City or Town): Hill Top,	(County): Maryland (State)
24. FUNERAL DIRECTOR ADDRESS: Arehart Funeral Home, Inc.-La Plata, Md.	25a. REC'D BY REGISTRAR DATE: APR 1 1969	25b. REGISTRAR'S SIGNATURE: J. Charles Judge		

1

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death unless any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03821 — 03815

1. DECEASED-NAME (Type or Print)	First	Middle	Last
	CHARITY	LOUISE	RILEY

2a. DATE KNOWN ☐ OF DEATH ESTIMATED ☐ Month March Doy 9, Year 19 69 — 2b. HOUR 9:00 A M

3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR: MONTHS	DAYS	IF UNDER 24 HRS.: HOURS	MIN.
Female	Negro	June 28, 1968	— YRS.	9			

2c. DATE PRONOUNCED DEAD Month March Doy 9, Year 19 69 — 2d. HOUR 9:00 A M

7a. BIRTHPLACE (State or Foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8.	9. COUNTY OF DEATH
Laplata, Md.	U. S. A.	MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	Charles Md.

10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street address)	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
Laplata	Physicians Memorial Hospital		

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER
Maryland	Charles	Welcome	YES ☐ NO ☒	

14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME First	Middle	Last
Robert		Riley	Charity	Louise	Sewell

16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Charity Louise Riley	Welcome, Md

MEDICAL CERTIFICATION

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Interstitial Pneumonitis (SDII) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

484X

DUE TO, OR AS A CONSEQUENCE OF

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO, OR AS A CONSEQUENCE OF

(c)

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
		YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State

22a. **I certify** that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and in my opinion death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined manner ☐

ACTUAL SIGNATURE Edward F. Wilson M.D.

EXAMINER'S NAME (Type) Edward F. Wilson, M.D.

CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ADDRESS(Street, city, town, or county)

22b. DATE SIGNED 3/10/69

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town) (County) (State)
Burial	3/13/69	Mt. Zion Cemetery	Hill Top, Md.

24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Aubert Funeral Home, Inc. LaPlata, Md.	MAR 17 1969	Charles Judge

VR A15ME (5)
10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03822

CERTIFICATE OF DEATH

03816

1. DECEASED-NAME (Type or print) First: WILLIAM Middle: G Last: WEATHERLY
2a. DATE OF DEATH Month: March Day: 11 Year: 1969
2b. HOUR: 3:05A M
3. SEX: MALE
4. RACE: WHITE
5. DATE OF BIRTH: 2 June 82. 4/2/82.
6. AGE (In years last birthday): 86 YRS.
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
7a. BIRTHPLACE (State or foreign country): North Carolina
7b. CITIZEN OF WHAT COUNTRY? U.S.A.
8. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
9. COUNTY OF DEATH: Charles Md.
10. CITY OR TOWN OF DEATH: La Plata
11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address): Physicans Mem. Hospital
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): Farmer-Retired
12b. KIND OF BUSINESS OR INDUSTRY: Farm
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE: Md.
13b. COUNTY: Charles
13c. CITY OR TOWN: White Plaines
13d. INSIDE CITY LIMITS? YES ☐ NO ☒
13e. STREET AND NUMBER
14. FATHER'S NAME First: Jord Middle Last: Weatherly
15. MOTHER'S MAIDEN NAME First: Louise Middle Last: (Unkown)
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes give war or dates of service)
16b. SOCIAL SECURITY NO.: 243-56-7505
17. INFORMANT Address: Mrs. Ruby Davis-Daughter-White Plaine Md.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory Collapse. — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
DUE TO, OR AS A CONSEQUENCE OF (b): Pneumonia of Lung — 48 hr
DUE TO, OR AS A CONSEQUENCE OF (c): CVA — 14 days
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. 4369

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

MEDICAL CERTIFICATION

19a. DATE OF OPERATION
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED
20a. AUTOPSY? YES ☐ NO ☑
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examiner)
21b. TIME OF INJURY HOUR A.M. P.M. Month Day Year 19
21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
21d. INJURY OCCURRED While at work ☐ Not while at work ☐
21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)
21f. LOCATION Street or R.F.D. No. City or Town County State

22a. I **certify** that (I) (this hospital) attended the deceased from 25 Feb, 1969, to 10 Mar, 1969, that (I) (we) last saw the deceased alive an 10 Mar 1967, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: A. Woody. MD — DEGREE: ATTENDING PHYS. ☑ MED. DIRECTOR ☐ STAFF PHYS. ☐
22c. DATE SIGNED: 11 Mar 69
22d. PHYSICIAN'S NAME (Type): ARTHUR O. WOODY
22e. ADDRESS: LA PLATA MARYLAND

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/13/1969
23c. NAME OF CEMETERY OR CREMATORY: Gum Neck Baptist Cem.
23d. LOCATION (City or Town) (County) (State): Gum Neck , N. Carolina
24. FUNERAL DIRECTOR ADDRESS: Arehart Funeral Home, Inc.-La Plata, Md.
25a. RECD BY REGISTRAR DATE: MAR 17 1969
25b. REGISTRAR'S SIGNATURE: [illegible] Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
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